

**PASSENGER CAR RENTAL INDUSTRY
TOURISM ASSESSMENT FORM 2008/09**

**STATE OF CALIFORNIA
OFFICE OF TOURISM**

Section I. Business Information

Tourism ID #
Contact Name/Title
Name of Company
Mailing Address

Phone No.
Fax No.
Email Address:

Section II. Assessment Calculation

- a. Enter the ending month and year: _____
- b. Enter your Revenue* for the month identified above. _____
- c. Multiply line "b" by the assessment rate of 0.025. $\frac{\quad}{\quad} \times 0.025$
- d. **Assessment Amount Due:** \$ _____

Payment is due to the Office within 25 days of each month end.

Section VIII. Certification

I certify and declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge and that I am authorized to sign this form.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

**Make checks payable to the "California Travel and Tourism Commission" and mail Form and Check to:
California Business, Transportation and Housing Agency, Tourism Assessment Program, P.O. Box 2007, Sacramento, CA 95812-2007**

*Revenue is as defined in Title 10, Chapter 7.65, Section 5350(bb).